**Verbal Request for an Evaluation**

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| --- | --- | --- | --- | --- |
| Completed by: |        |  | Date of Verbal Request: |        |
| Campus: |        |  | Grade: |        |
| Student Name: |        |  | Student ID: |        |

[ ]  Verbal request for Special Education Evaluation

[ ]  Verbal request for Section 504 Evaluation

* + Check Special Education Evaluation when the parent does not know which evaluation is needed
	+ In box below please state: reason for referral and parent’s concern
	+ Reminder: An email is considered a written request

[ ]  Provide this document to the Campus Counselor to return phone call to parent/guardian

Reason for Referral: (What are parent’s concern? i.e. Student is struggling with reading or the student’s behavior

interferes with instruction)

**Counselor will:**

[ ]  Email this document to pmcclean@dpisd.org, include your campus administrator in the email

Counselor will then follow the flow chart for Parent Request for Special Education Evaluation (see attached) if Special Education Evaluation is checked.

* or -

Counselor will follow the procedures for 504 Evaluation

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Campus Counselor Date Received

Verbal Parent Request/August 2018